

MAIL TO:
Registry of Charitable Trusts
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Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

**STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS
ANNUAL FINANCIAL SOLICITATION REPORT**

California Business and Professions Code Section 17510.9

Year Ending _____, 20 ____



**NOTE: ALL LINE REFERENCES ARE TO IRS FORM 990 UNLESS OTHERWISE NOTED.
THIS FORM MUST BE COMPLETED IN TRIPLICATE.**

Name: _____ Address: _____ City: _____ State _____ Zip _____	CT _____ FEIN _____
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1. Was more than \$1,000,000 collected in charitable contributions from donors in California? Yes ____ No ____
If the answer is NO, do not proceed. This document is not required. If YES, continue.
2. Do your charitable contributions collected from donors in California represent more than 50% of your annual income? Yes ____ No ____
If the answer is NO, do not proceed. This document is not required. If YES, continue.

PART I STATEMENT OF REVENUE

A. Revenue	A.	\$
B. Cost/Basis of Sold Assets, (Part I, line 8b)	B.	\$
C. Special Fund-raising Expenses (Part 1, line 9b)	C.	\$
D. Cost of Goods Sold (Part 1, line 10b)	D.	\$
E. TOTAL REVENUE (add previous 4 lines).	E.	\$

PART II STATEMENT OF FUNCTIONAL EXPENSES*

A.. Total salaries of all persons employed by the charity.	A TOTAL	B PROGRAM	C MGMT & GENERAL	D FUNDRAISING
1. Compensation of officers, etc. (Part II, line 25)				
2. Other salaries and wages (Part II, line 26)				
3. Pension plan contributions (Part II, line 27)				
4. Other employee benefits (Part II, line 28)				
5. GROSS SALARIES (add lines 1 through 4)				
6. Less: the total of Part II lines 25-28 C + D				
7. TOTAL SALARIES	A7			
B. Fundraising Expenses				
1. Fundraising Expenses (Part 11, line 44(D))				
2. Special Fundraising Expenses (Part I, line 9b)				
3. TOTAL FUNDRAISING EXPENSES (ADD PREVIOUS 2 LINES)	B3			

Annual Financial Solicitation Report

Name of Organization _____

Year Ending _____

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C. Travel				
1. Travel (Part II, line 39)				
2. Less: Part II, line 39 C + D				
3. TOTAL TRAVEL	C3			
D. Overhead and Other Expenses				
1. Management and General (Part II, line 44(C))	D1			
E. TOTAL (add lines A7, B3, C3 and D1)				
PART III EXPENSES AS A PERCENT OF REVENUE				
(Part II, E of this form ÷ Part I, E of this form X 100			%	
Is the percentage more than 25%? Yes ____ No ____ . If YES, this document is required. If NO, do not file this document.				
PART IV LIST THE SALARIES OF THE FIVE (5) HIGHEST COMPENSATED EMPLOYEES				
AMOUNT		NAME AND POSITION		
\$				
\$				
\$				
\$				
\$				
\$		TOTAL SALARIES		
PART V PROGRAMS AS A PERCENT OF REVENUE (100 MINUS Part III percentage)				%
* Please be aware that entries for Total Expenses in the categories of Salary and Travel may include both program and nonprogram expenditures.				
Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.				
_____ Signature of authorized officer		_____ Printed Name		_____ Title
				_____ Date